## **Application Data Sheet**

<b>Application Information Application Type:</b> :	Regula	ar		
Subject Matter::	Utility	,		
Suggested Classification::				
Suggested Group Art Unit::				
CD-ROM or CD-R?::	None			
Title::	Modul	lar Radial Component for a Total Wrist Arthroplasty		
Request for Early Publication	n?::	No		
Request for Non-Publication?::		No		
Suggested Drawing Figure::				
Total Drawing Sheets::	3			
Small Entity::		No		
Petition included?::		No		
Secrecy Order in Parent App	1.?::	No		
Applicant Information				
Applicant Authority type::		Inventor		
Primary Citizenship Country	:	US		
Status::	Full C	apacity		
Given Name:	Conra	d ·		
Family Name::	Klotz			
City of Residence::	Nappa	nee		
State or Province of Residence:: IN				

Country of Residence:: US

Street of mailing address:: 3005 Blackstone Way

City of mailing address:: Nappanee

State or Province of mailing address:: IN

Postal or Zip Code of mailing address:: 46550

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Daren

Family Name:: Deffenbaugh

City of Residence:: Winona Lake

State or Province of Residence:: IN

Country of Residence:: US

Street of mailing address:: 1408 Winchester Court

City of mailing address:: Winona Lake

State or Province of mailing address:: IN

Postal or Zip Code of mailing address:: 46590

**Correspondence Information** 

Correspondence Customer Number:: 28078

Name:: Paul J. Maginot

Street of mailing Address:: 111 Monument Circle, Suite 3000

City of mailing Address:: Indianapolis

State or Province of mailing address::		IN		
Country of mailing	g address::	US		
Postal or Zip Code of mailing address::		46204-5115		
Phone number::		317-638-2922		
Fax number::		317-638-2139		
E-mail address::		pjmaginot@maginot.com		
Representative In	formation	·		
Representative Customer Number:				
		28078		
Domestic Priority	Information			
			D P.11	
Application::	Continuity Type:	Parent Application::	Parent Filing Date::	